Form **8871**(July 2000) ** Department of the Treasulnternal Revenue Service

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Pa	rt I General Information								
1	Name of organization					Employer identification r	number		
	California Grocers Association				94 4036/110				
2	Mailing address (P.O. Box or number, street, and room or suite number) 555 Capitol Mall, Suite 235								
	City or town, state, and ZIP code Sacramento, CA 95814								
3	E-mail address of organization cagrocers@cagrocers.com								
4a	Name of custodian of records			4b Custodian's address					
	Peter J. Larkin				apitol Mall, Suite 235				
			Sacramento, CA 95814 5b Contact person's address						
5a	Name of contact person			Contac	t person's address				
	sam as above					······································			
6	Business address of organization (if d	lifferent from mail	ing a	ddress :	shown above). Number, street, and	room or suite number			
	City or town, state, and ZIP code								
Pa	rt II Purpose								
7	Describe the purpose of the organization	tion							
	The CGA Grocers Political Acti	on Committee	disb	urses i	unds to appropriate Californi	a State and Local			
_					Na sa				
	andidates and elected officials th	at promote the	inte	rest of	the California food industry.				
						A Company of the Comp			

Pai	rt III List of All Related Ent	ities (see inst	ructi	ons)					
8a	Name of related entity	8b Relationsh	8c Address						
					555 Capitol Mall, Suite 235				
Cal	lifornia Grocers Association	Connected			C				
					Sacramento, CA 95814				
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For	Paperwork Reduction Act Notice, se	e page 4.			Cat. No. 30405V	Form 8871	(7-2000)		

Part IV	List of All Officers, Di	rectors, and Highly Co	mpensated Employees (see instructions)
9a Name		9b Title	9c Address
Peter J. Lari	kin	Treasure	555 Capitol Mall, Suite 235
			Sacramento, CA 95814
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Ui Re	nder penalties of perjury, I decla evenue Code, and that I bave ex	re that the organization named in amined this notice, including account	Part I is to be treated as an organization described in section 527 of the Internal impanying schedules and statements, and to the best of my knowledge and belief,
it	is true, correct, and complete.		
[CATON.	2 Take	√
Sign	Signature of authorized offi	cial	Date
Here		<u> </u>	- 0074
	,	Printed on	recycled paper Form 8871 (7-2000)